HHS-CMS-CMCS

September 12, 2023

2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the Q&A session if you'd like to ask a question, you may press star 1 on your phone.

Today's call is being recorded. If you have any objections, please disconnect at this time. I will now turn the call over to Jackie Glaze. Thank you. You may begin.

Jackie Glaze: Thank you and good afternoon and welcome everyone to today's all-state call and webinar. I'll now turn to Sara Vitolo, our Deputy Center Director for opening remarks. Sara?

Sara Vitolo: Hi, everyone. Welcome to today's all-state call. On today's call, we will be providing two important updates. First, Melissa Heitt from the Medicare-Medicaid Coordination Office, or dual office, will provide a reminder about the upcoming Medicare special enrollment period.

Second, Mary Beth Hance from our Division of Quality will provide an update and very timely reminder about seasonal vaccines.

Before we get started, I wanted to let folks know that we will be using the webinar platform to share slides today. So if you're not already logged in, I

suggest you do so now so you can see the slides for today's presentation. You can also submit any questions you have into the chat at any time during the presentation.

With that, I'm pleased to introduce and turn things over to Melissa Heitt to discuss the Medicare SEP. Melissa?

Melissa Heitt: Thank you, Sara, and thanks for having me on today. As states continue with unwinding, we wanted to take the opportunity to remind everyone about a new Medicare special enrollment period, or SEP, to help individuals who lose Medicaid entirely after qualifying for Medicare, which I will refer to as the loss of Medicaid SEP.

Even though states started terminating individuals as early as April, we have seen only a (sounded like modices - perhaps modicum?) of the new loss of Medicaid SEP. We've also received concerns that the Medicare-eligible population is being referred to the marketplace instead of the Social Security Administration that provides the coverage.

As such, we want to remind states about the SEP and the importance of highlighting it to ensure Medicare-eligible individuals maintain coverage.

Next slide, please. As some background, individuals must generally enroll in premium Part A and Part B during a Medicare enrollment period. If an individual doesn't sign up for Medicare in their initial enrollment period, they can face a gap in health coverage and a Medicare late enrollment penalty when they do eventually enroll.

While many individuals stay eligible for Medicaid after they qualify for Medicare, other individuals may lose Medicaid eligibility entirely. For

example, individuals who have stayed in the adult group during the PHE may have not enrolled in Medicare on time, either because they could not afford to do so or did not understand they needed to do so.

Should Medicare-eligible individuals lose Medicaid entirely after their state resumes regular termination, individuals will need Medicare to maintain continuous coverage. This is because these individuals are not generally eligible for either advanced premium tax credits, APTCs, or cost-sharing reductions, CSRs, in the marketplace.

Under the authority of the Consolidated Appropriations Act 2021, CMS established a new Medicare SEP for loss of Medicaid that took effect on January 1, 2023.

Next slide, please. The loss of Medicaid SEP aims to close gaps in coverage by allowing individuals a chance to enroll in Medicare following the loss of all Medicaid coverage during the unwinding period and on an ongoing basis after unwinding ends.

We note that individuals who remain eligible for Medicaid, including a Medicare Savings Program, or MSP, are not eligible for this SEP. That's because states must generally enroll them in Medicare and pay the premiums under their state buy-in agreement with CMS.

Under state buy-ins, states can enroll their MSP beneficiaries and other duly eligible individuals in Medicare at any time of the year without regard to Medicare enrollment period and late enrollment penalties.

Next slide, please. This slide contains information about how the SEP works. The SEP starts when the individual receives notice of an upcoming

termination of Medicaid eligibility and ends six months after the Medicaid termination.

If an individual enrolls under the SEP, Medicare coverage will start the first day of the month after the individual applies, unless the individual elects Medicare retroactive coverage. Individuals can elect retroactive coverage back to the date of the loss of Medicaid. If an individual elects retroactive coverage, they must pay a lump-sum amount covering all the premiums for the past period.

The new SEP is not just for those who missed enrolling in Medicare during the PHE. It will also be available on an ongoing basis for individuals after unwinding ends.

Next slide, please. This slide provides resources on the new loss of Medicaid SEP, including a link to the regulation implementing it as well as fact sheets that states can use to promote awareness of SEP, including how to use it. Individuals can apply by calling SSA at 1-800-772-1213 or by completing the SEP form posted on the CMS website, the link to which is in the set of resources.

We understand that states may have standard termination notices that direct individuals to the marketplace. For this Medicare-eligible population, states may want to consider revising their termination notices to highlight this new Medicare SEP, including how to apply at Social Security field offices and state health insurance assistance program offices instead of the marketplace.

At a minimum, we highly encourage states to alert their call centers for the loss of Medicaid SEP option as well. States should also let us know if they hear of any problems with individuals accessing the loss of Medicaid SEP.

We note that this new SEP is just one way for states to help Medicare-eligible individuals maintain coverage. Another strategy available is to use Section 902(r)(2) authority to disregard resources and income for MSPs. This will allow states to use ex parte projects to more easily transition Medicare-eligible individuals from full Medicare and Medicaid to MSP-only coverage.

We are happy to answer any questions states may have about the loss of Medicaid SEP. That concludes my presentation so I will turn it over to Mary Beth Hance. Thank you.

Mary Beth Hance: Great. Thank you so much, Melissa. And this is Mary Beth Hance. I'm going to give an update on seasonal vaccines. As I'm sure you are all aware, there is a lot happening in the vaccine space ahead of this year's COVID/flu/RSV season.

We wanted to just give you a quick overview on where things are and also provide some links and resources so that you have all this information in one place.

Please note that there are more things coming so we may be back with an update. You'll definitely hear from us on the other vaccines that are coming. And I also wanted to encourage you to reach out to your state health departments and state immunization programs if you have not already because they also have a lot of information.

So next slide, please. So just as just a reminder on the COVID-19 vaccines, you know, you know we presented a few weeks ago on commercialization. I'm sure you have heard in the news that we are right on the cusp of an updated COVID-19 vaccine.

FDA approved and authorized them yesterday, and CDC's Advisory Committee on Immunization Practices is meeting today. So there is definitely more to come in this space in just a few hours.

These will be commercialized vaccines, which means that they will be purchased and distributed like other recommended vaccines, including available through the Vaccines for Children's Program. And the link to the presentation that we made a few weeks ago about commercialization is available on the slides.

Also, just a reminder that vaccines for uninsured adults are available through a temporary bridge access program. You may recall that CDC also presented on this. The link to the website is available and also that their slides are available from the link in the first bullet.

And for Medicare, the Medicare COVID-19 increased vaccine administration fee will continue to be in effect through the remainder of this calendar year. It has not yet been determined if that is going to be in effect beyond that point.

Next slide please. And just a reminder, I know this slide is not telling you anything you don't already know, but the American Rescue Plan provisions are in effect through September 30, 2024, which means the state Medicaid programs are required to cover COVID-19 vaccines and their administration without cost-sharing for nearly all Medicaid beneficiaries with similar requirements for separate CHIP. And there is a temporary Medicaid Federal Medical Assistance Percentage, FMAP, and CHIP Enhanced FMAP, EFMAP, of 100% for amounts expended by a state for Medical Assistance for COVID-19 vaccines and their administration.

And one more reminder that the Inflation Reduction Act provision starts on October 1st, which will mean that most adults enrolled in Medicaid and CHIP will have mandatory coverage of all FDA-approved ACIP-recommended vaccines and the administration of those vaccines without cost-sharing.

This includes all FDA-approved ACIP-recommended COVID-19 vaccines. And there's the link. The link is available through the slides through the state health official letter and fact sheet that we issued on this back in June. We've also linked to a couple different CDC websites with some additional information.

Next slide, please. Moving on to RSV. Again, these are probably things you've heard about, but just to bring all these pieces together. There are two newly recommended RSV vaccines licensed for use in adults aged 60 years and older, both of which have started to be distributed.

CDC has made recommendations for these vaccines, and they are that adults 60 years of age and older may receive a single dose of an RSV vaccine using shared clinical decision-making. This means that healthcare providers and their patients should have a conversation to determine if RSV vaccination will be beneficial.

Just a reminder, after October 1st, when the IRA provisions become effective, state Medicaid agencies will be required to cover doses of these vaccines and their administration without cost sharing for nearly all full-benefit adult beneficiaries covered under traditional Medicaid if the CDC ACIP recommendations apply.

And a note or a reminder that states can also consider adding coverage of these vaccines and their administration to their Medicaid Alternative Benefit

Plan coverage for adults. And I also wanted to remind that these vaccines will also be covered without cost sharing by Medicare Part D plans. And again, we've provided the links to a couple different CDC pages with some additional information.

Next slide, please. So moving on to RSV for infants. There is one product that is already recommended with another product coming. So we wanted to share where we are with this right now knowing that there is more to come.

So nirsevimab is an RSV immunization shown to reduce the risk of hospitalizations and health care visits for RSV in infants by about 80%. It is expected to be available in early October.

CDC ACIP have made the following recommendations. One dose for all infants younger than eight months that are born either during or entering their first RSV season, which is typically fall through spring. In addition, they've recommended one dose in the second RSV season for a small group of children between 8 and 19 months who are at increased risk of severe RSV disease, such as children who are severely immunocompromised or American Indian Alaska Native children.

This nirsevimab will be included in the Vaccines for Children program, which means that it is federally purchased when accessed through VFC. The code is different than other vaccines. The code is going to be 96372 with a description of injection, subcutaneous, or intramuscular and that is the administration fee code.

Because this is a different administration fee code, states are encouraged to look at the provider rate for the administration fee between this code and the

routine vaccine administration fee codes and can consider submitting a state plan amendment if changes are needed.

And a reminder that because this is distributed through the Vaccines for Children Program that the VFC administration fee ceiling applies.

Next slide, please. And just a reminder, I'm sure you are all familiar with the VFC network, but just a reminder that VFC includes over 40,000 VFC providers, primarily outpatient, as well as 250 birthing hospitals.

This is a fairly expensive product. I wanted to just mention this. It is $395 a vial for VFC and it is $495 a vial for non-VFC with the dose for infants for the older infants being two vials.

It is important to note that there may be situations where polyvizumab is still recommended. This is a product that already exists for RSV for children at high risk for RSV. So there may be circumstances where it is still recommended.

And CDC is going to provide - is preparing significant information on RSV and nirsevimab and the intersection between nirsevimab and palivizumab. So there is definitely more information to come on that.

So this is just a bit of a teaser that there is a vaccine for pregnant people that is going to be considered by the Advisory Committee on Immunization Practices next week. FDA has approved it for individuals at 32 to 36 months gestation and it's also to prevent lower respiratory tract disease and severe LTRD caused by RSV in infants from birth through six months of age.

So as I said, ACIP is meeting next week to consider whether to recommend it. And obviously this product is targeted for young infants just like nirsevimab is.

So the ACIP is expected to address whether an infant should receive both products or, you know, how those should be handled, these two products should be handled. If recommended, this vaccine will be available soon after the ACIP and CDC make recommendations at the end of next week. And again there's some additional resources.

Moving on to the next slide. So just a reminder, because flu was obviously an important part of our seasonal preparation for seasonal vaccines, that the seasonal flu vaccine is available. It is recommended for individuals six months of age and older.

And we can't forget about routine vaccination. So this is a last but definitely not least reminder that it is important that they aren't forgotten and that there is still room for improvement.

So in addition to linking to the CDC's flu page, there are also a couple of references to information about routine immunizations. The MMWR article is a bit dated at this point, but it is important to think about these kindergarten immunization rates and the impact that even a slight drop in routine vaccination coverage, what that puts us at risk for as far as disease. So it's very important to still think about that.

So I just wanted to pull all this together for you all and give this quick update and I will turn it over to Jackie. Thank you very much.

Jackie Glaze: Thank you so much, Mary Beth. We're ready now to take state questions so please begin submitting your questions into the chat function. I see that we've received a couple already, but please continue to submit those. And then we will take your questions over the phone line. So I will turn now to you, Krista, to take those questions.

(Krista): Great. I have a number of questions here related to vaccines. So, Mary Beth, you might not want to go too far. The first question is, will the COVID-19 vaccine reimbursement rates be added to the Medicare AFP file for 10-1-23?

Mary Beth Hance: So we are going to take that to our Medicare colleagues and get back to you.

(Krista): Great. The second question I see here is also about the vaccine bridge access program. So is the CDC's bridge access program available to undocumented adults?

Mary Beth Hance: So it's available for uninsured adults and yes, I think that is an accurate statement to say yes, but let's take that back because I want to make sure we're not - make sure that we're absolutely accurate with that. But I think that is correct and we will confirm it.

(Krista): And then one more question here about bridge access. Does the state need to do anything to facilitate access to the bridge access program for uninsured adults? How will the billing and reimbursement to providers work? And does the state have to set that up?

Mary Beth Hance: So the state immunization programs have been working very closely with CDC on standing this up. So on the Medicaid side, there's no action that you all need to take. These vaccines are being donated and available through

FQHCs and RHCs. And there are arrangements in place for the administration fee for providers.

So what I would encourage you all to reach out to your state immunization programs, see if they have any material that they're putting out that you all can amplify or if, you know, they have any suggestions on, you know, how you all can help with this, but this is really being led out of that space.

(Krista): Fantastic. Thank you. And then actually just one additional question came through just now related to vaccines. Will the new COVID-19 vaccines be provided for free to providers or does commercially available mean there will be a cost for the vaccine?

Mary Beth Hance: So, there will be a - they will be just like any other vaccine. So providers will need to purchase them just like they would purchase any other vaccine.

The exception is the Vaccines for Children program. So they will be distributed through the Vaccines for Children program just like any other vaccine, but those vaccines are federally purchased. And so there is no cost to providers for those.

But they really are landing back in the space of other - you know, just like other vaccines and getting out of the unique space that the COVID vaccines have been in up to this point.

(Krista): Great. Thank you. I'm not seeing any additional questions in the chat at this time. If you have any questions, feel free to add them. Otherwise, Jackie, maybe we want to open the phone line.

Jackie Glaze: Yes, we will. And I also want to say that if you have other questions other than what we have received about today's presentation, please submit any other questions on topics that you would like to ask questions about. So I just wanted to make sure you're aware that you should ask whatever questions you may have today.

So, Ted, can I turn to you to ask that you provide instructions for submitting questions through the phone lines? And then if you could open up the phone lines, please.

Coordinator: Yes, the phone lines are now open for questions. If you would like to ask a question over the phone, please press star 1 and record your name. If you'd like to withdraw your question, press star 2. Thank you.

And again, if you would like to ask a question over the phone, please press star 1. I'm showing no phone questions at this time.

Jackie Glaze: Thank you, Ted. I'll turn back to you, (Krista). I do see one additional question.

(Krista): Thanks, Jackie. The one additional question is also about vaccines. And the question is how much will Medicare reimburse for the administration of COVID and other vaccines in 2024?

Mary Beth Hance: So let me, again, take that back to our Medicare colleagues and we will get that back out.

Jackie Glaze: Thank you, Mary Beth. I'm not seeing any additional questions. So, Ted, I'll turn back to you to ask if there are any questions in the queue.

Coordinator: Yes. There is one question that popped up from (Pam Appleby). Your line is open.

(Pam Appleby): Thank you. Can you hear me?

Coordinator: We can hear you.

(Pam Appleby): Great. I was wondering for the birthing hospitals that do not participate in the VFC program, are Medicaid programs able to reimburse for the Beyfortus product?

Mary Beth Hance: We are working on that, and there is more to come.

(Pam Appleby): Okay. Thank you.

Coordinator: I'm showing no further phone questions at this time.

Jackie Glaze: Thank you, Ted. I'm not seeing any additional questions either through the chat function so we'll give folks another few minutes to see if they do have questions and then we may adjourn early today. So we'll wait another minute or two to see if we get a few more questions. So let me check with you one additional time. Any additional questions?

Coordinator: I'm showing no phone questions at this time.

Jackie Glaze: Okay. (Krista)?

(Krista): I see one additional question here in the chat about reimbursement fees as well. Is the administration fee still $40 for the new admin CPT code for the

new COVID-19 vaccines? I'm not sure if we have the answer to this one, Mary Beth, or if we'll need to take it back as well.

Mary Beth Hance: Yes. We'll confirm all of the Medicare rates and then follow back up.

(Krista): Thanks. No additional questions then at this time.

Jackie Glaze: Thank you. And let me just ask you one additional time, Ted, and then I think we'll close out.

Coordinator: No further phone questions at this time.

Jackie Glaze: Great. Thank you. So in closing, I'd like to thank Melissa Heitt and Mary Beth Hance for their presentations today. Looking forward, we will provide topics and invitations for the next call.

If you do have questions that come up before the next call, please feel free to reach out to us, your state leads or bring your questions to the next call. So we do thank you for your questions and joining the call today, and we hope everyone has a great afternoon. Thank you.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect at this time.

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